

1. Assess airway and initiate basic and/or advanced airway maneuvers prn ([MCG 1302](#))
2. Administer **Oxygen** prn ([MCG 1302](#))
3. Initiate cardiac monitoring ([MCG 1308](#))  
For patients with dysrhythmias, treat in conjunction with [TP 1212, Bradycardia](#) or [TP 1213, Tachycardia](#)
4. Provide cooling measures ❶
5. For patients with fever due to presumed infection/sepsis, treat per [TP 1204, Fever/Sepsis](#) ❷
6. Establish vascular access prn ([MCG 1375](#))
7. For altered level of consciousness, treat in conjunction with [TP 1229, ALOC](#)
8. For adequate perfusion and normal mental status, encourage oral hydration
9. For poor perfusion or if unable to take fluids orally:  
**Normal Saline 1L IV rapid infusion**  
Reassess after each 250 mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops  
  
For persistent poor perfusion, treat in conjunction with [TP 1207, Shock/Hypotension](#)

**SPECIAL CONSIDERATIONS**

- ❶ Cooling measures should include moving patient to a cooler environment (e.g. ambulance with air conditioner), removing clothing, applying wet towels, and fanning/blowing cool air from air conditioning vents.
- ❷ This protocol is intended for hyperthermia due to environmental exposures and toxic ingestions.